

2024 WT CARES PROGRAM APPLICATION FORM



A. ORGANIZATION INFORMATION

Country Name:				
Organization Name:				
Name of President:				
Postal Address:				
Contact Number:				
Office Email:				
Contact details of a person in charge of this application:	Name	Position	Email	Contact Number

B. PROJECT DESCRIPTION

1 Year Project	Target	<input type="checkbox"/> Street Children <input type="checkbox"/> Orphans <input type="checkbox"/> Alcohol/Drug Addicts <input type="checkbox"/> Reformatory inmates <input type="checkbox"/> Domestic Violence Victims <input type="checkbox"/> Others (_____)
	Budget	<input type="checkbox"/> 15,000USD <input type="checkbox"/> 20,000USD <input type="checkbox"/> 25,000USD <input type="checkbox"/> Others (_____ USD)
Detailed Project Description		

C. AUTHORIZATION

Name and Signature of President	
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D. SUBMISSION

Please fill out and submit this application to the WT Cares Program of the WT Member Relations and Development Department at cares@worldtaekwondo.org.

E. ELIGIBILITY / QUALIFICATION

Please carefully read the [Guidelines on Development Program 2024](#) to ensure your organization is eligible and qualified